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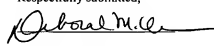
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 <p align="center"><b>TRANSMITTAL FORM</b></p>	Application Serial Number	10/521,980
	Filing Date	September 12, 2005
	First Named Inventor	Pampel
	Group Art Unit	3725
	Examiner Name	Dmitry Suhol
	Attorney Docket No.	20496-474
	Patent No.	Not applicable
	Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <div style="margin-left: 20px;"> <input type="checkbox"/> Check Attached  <input type="checkbox"/> Copy of Fee Transmittal Form         </div> <input type="checkbox"/> Amendment/Response <div style="margin-left: 20px;"> <input type="checkbox"/> Preliminary  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u>      </u>]         </div> <input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Formal Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input checked="" type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <div style="margin-left: 20px;"> <input type="checkbox"/> Certificate of Correction (in duplicate)         </div> <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input checked="" type="checkbox"/> Return Receipt Postcard  <input checked="" type="checkbox"/> Additional Enclosure(s)  <input checked="" type="checkbox"/> Annotated Drawing Sheet  <input checked="" type="checkbox"/> Replacement Drawing Sheet
<input type="checkbox"/> Information Disclosure Statement <div style="margin-left: 20px;"> <input type="checkbox"/> Form PTO-1449  <input type="checkbox"/> Copies of IDS Citations         </div> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <div style="margin-left: 20px;"> <input type="checkbox"/> Paper Copy/CD  <input type="checkbox"/> Computer Readable Copy  <input type="checkbox"/> Statement verifying identity of above         </div>		

<b>CORRESPONDENCE ADDRESS</b>	<b>SIGNATURE BLOCK</b>
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